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MAY 11 2005

FAX TRANSMISSION**DATE:** May 11, 2005**PTO IDENTIFIER:** Application Number 10/062,831-Conf. #1783
Patent Number**Inventor:** Ruben et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** HUMAN GENOME SCIENCES, INC.

Doyle A. Siever

PHONE: (301) 354-3932**Attorney Dkt. #:** PZ006G13AP1C1D1**PAGES (Including Cover Sheet):** 10**CONTENTS:** Reply and Amendments Under 37 C.F.R. 1.116 (7 pages)
Fee Transmittal (1 page)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)
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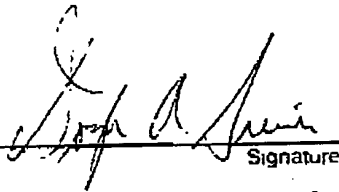
Application No. (if known): 10/082,831

Attorney Docket No.: PZ006G13AP1C1D1

Certificate of Transmission under 37 CFR 1.8

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on May 11, 2005
Date



Signature

Doyle A. Siever

Typed or printed name of person signing Certificate

47,088

Registration Number, if applicable

(301) 354-3932

Telephone Number

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Reply and Amendments Under 37 C.F.R. 1.116 (7 pages)
Fee Transmittal (1 page)

PTO/SB-17 (12-04-2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/062,831-Conf. #1783 Filing Date February 5, 2002 First Named Inventor Steven M. Ruben Examiner Name M. E. Szperka Art Unit 1644 Attorney Docket No. PZ006G13AP1C1D1	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 0.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify) _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>08-3425</u> Deposit Account Name <u>Human Genome Sciences, Inc.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
	FILING FEES Fee (\$) <u>Small Entity</u>		SEARCH FEES Fee (\$) <u>Small Entity</u>		EXAMINATION FEES Fee (\$) <u>Small Entity</u>		Fees Paid (\$)														
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)															
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
							Small Entity Fee (\$) Fee (\$)														
2. EXCESS CLAIM FEES																					
Fee Description																					
Each claim over 20 (including Reissues)							50 25														
Each independent claim over 3 (including Reissues)							200 100														
Multiple dependent claims							360 180														
<table border="0"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>31</td> <td>-75 =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	31	-75 =	x	=				
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																		
2	-6 =	x	=																		
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)																					
<table border="0"> <tr> <td><u>Total Sheets</u></td> <td><u>Extra Sheets</u></td> <td><u>Number of each additional 50 or fraction thereof</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>-100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td>=</td> <td></td> </tr> </table>							<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	-100 =	/50	(round up to a whole number) x	=		Fees Paid (\$)				
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																	
-100 =	/50	(round up to a whole number) x	=																		
4. OTHER FEE(S)																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge)																					
<table border="1"> <tr> <td colspan="2"> SUBMITTED BY </td> <td> Registration No. 47,088 </td> <td> Telephone (301) 354-3932 </td> </tr> <tr> <td> Signature <i>Doyle A. Siever</i> </td> <td> Name (Print/Type) Doyle A. Siever </td> <td> Date May 11, 2005 </td> <td></td> </tr> </table>								SUBMITTED BY		Registration No. 47,088	Telephone (301) 354-3932	Signature <i>Doyle A. Siever</i>	Name (Print/Type) Doyle A. Siever	Date May 11, 2005							
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REPLY UNDER 37 C.F.R. § 1.116 – EXPEDITED PROCEDURE
EXAMINING GROUP 1644

MAY 11 2005

VIA FACSIMILE MAY 11, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ruben et al.

Docket No.: PZ006G13AP1C1D1

Application No.: 10/062,831

Confirmation No.: 1783

Filed: February 5, 2002

Art Unit: 1644

For: Secreted Protein HEMCM42

Examiner: M. E. Szperka

REPLY AND AMENDMENTS UNDER 37 C.F.R. § 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 11, 2005 (Paper No. 02252005), please enter the following amendments and consider the following reply. Applicants submit concurrently herewith a Fee Transmittal Sheet.

Amendments to the Claims begin on page on page 2.

Remarks begin on page 6.